PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

KOT-0094

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS).O .					RATE	FEE	7 .	RATE	FEE	
						·			1	-	f		
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7-7 minus 20=		· 2			X\$ 9=		OR	X\$18=		
INE	EPENDENT C	LAIMS ·	minus 3 =		<i>*</i>			X43=	•	OR	X86= .		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT 10					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in			column 2	ı	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
		(Column 1)	(Column 2			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		-		X43=		OR	X86=		
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
	•							TOTAL		OR	TOTAL		
		A	DDIT. FEE		•	ADDIT. FEE							
		(Column 1) CLAIMS		(Colun	EST	(Column 3)	lr		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	•	
	Independent	*	Minus	***		=		X43=	,	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
								+145=		OR	+290=	•	
		A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE							
				• •									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER . USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	- 1	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	F	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								+145=		OR	+290=		
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR ,	TOTAL ODIT. FEE		
		mber Previously Pa ber Previously Paid						ODIT. FEE L	ropriate box				